

**INSTRUCTIONS FOR  
CALIBRATION APPOINTMENT REQUEST FORM  
FORM NO. RMT-001**

To obtain a calibration appointment, submit a completed and signed request to the Texas Department of Agriculture (TDA) Metrology Laboratory. You will be notified of the date and time of the appointment via letter that will be sent to the company appearing under Section A of this request.

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**Incomplete forms will be returned, delaying your calibration appointment.**

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**Submit request to:**

Mail: Texas Department of Agriculture, P.O. Box 1518, Giddings, Texas 78942  
Email: Metrology@TexasAgriculture.gov  
Fax: (888) 205-7741

**NOTE: A separate form should be submitted for each appointment needed.**

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**SECTION A**

**1. COMPANY INFORMATION**

This information will be used to generate your company's appointment.

- If there is a change in any company information, please check the box indicated and complete a Regulatory Change Template A Form (R-001). This form can be accessed online at [www.TexasAgriculture.gov](http://www.TexasAgriculture.gov)
- Enter the full legal business name.
- Enter date by which the appointment is needed.
- Please indicate if your company is licensed service company and if the equipment will be used on a legal for trade device.
- If the answer is no to those two questions, there will be no due date on certificate unless requested in this section, in accordance with the international standard, ISO/IEC 17025.

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**SECTION B**

**NOTE: All spaces provided in Section B must be completed unless otherwise marked "if applicable."**

**1. PERSON TO CONTACT FOR APPOINTMENT RELATED MATTERS**

Indicate name of the person to contact regarding appointment related matters. Enter contact information. All correspondence, certifications, and other documents will be sent to the person listed as the contact for appointment related matters.

**2. PERSON TO CONTACT FOR TECHNICAL RELATED MATTERS**

Indicate name of the person to contact regarding technical related matters. Enter contact information. All technical questions will be sent to the person listed as the contact for technical related matters. This person should work for the company that owns the artifacts.

**3. MAILING ADDRESS**

This should be the company that owns the equipment being submitted for calibration. Enter the address at which the person to contact receives general correspondence.

**4. PHYSICAL/SHIPPING ADDRESS**

If the physical/shipping address is the same as in section B-2 check the box that indicates same as mailing address above. If address is different than the mailing address enter the physical/shipping address for the company named in Section A in the space provided.

**5. INVOICE ADDRESS**

If the invoice address is the same as in section B-2 check the box that indicates same as mailing address above. If company name or address is different than the mailing address enter the invoice address in the space provided.

**SECTION C**

**NOTE:** *Equipment not listed on the form will not be calibrated at the time appointment unless prior arrangements are made with our office.*

**1. MASS INVENTORY INFORMATION –**

Please list the number of weight kits being submitted (and not the individual weights)  
 List nominal, quantity and class for each mass artifact being submitted.  
 Check the box if these weights have never been previously calibrated by TDA  
 Indicate if the weights being submitted are grain elevator weights. If your answer is yes, you will receive correspondence from the lab for further information regarding calibration intervals. Note the number of small kits being submitted.

**Example:**

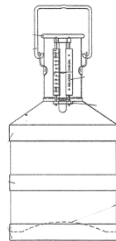
Each row can only be one specific nominal.

NOMINAL (weight)	Qty.	Calibration Class (weights only)	Check if Not Previously Certified by TDA
Total Quantity of Weight Kits →	3	F	<input type="checkbox"/>
1000 lb	20	F	<input type="checkbox"/>
50 lb	10	F	<input type="checkbox"/>
50 lb	5	6	<input checked="" type="checkbox"/>
*Are artifacts grain elevator weights? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
*How many weight kits have small kits inside being submitted for calibration? <u>  2  </u>			

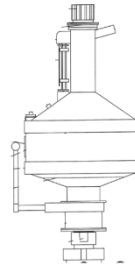
*The above example indicates the company is scheduling 3 weight kits – 2 with small kits inside, 20 1000 lb weights and 10 50 lb weights calibrated to class F, as well as 5 50 lb weights calibrated to class 6 that have never been calibrated by the Texas Department of Agriculture before. None of these weights are grain elevator weights.*

**2. VOLUME INVENTORY INFORMATION –**

List size and quantity for each volumetric measure being submitted.  
 Check the box if these measures are mounted. Check the box if these measures have never been previously calibrated by TDA. Please indicate if item(s) is an LPG so that an appropriate amount of time can be scheduled.  
 If you are submitting 5 gallon, please note how many are handheld and how many are Special J style



**5 gallon Test Measure**



**5 gallon Special J Prover**

**Example:**

Each row can only be one specific nominal.

NOMINAL (Prover Size)	Qty.	Check if Provers are mounted	Check if Not Previously Certified by TDA
60 gal	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 gal	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 gal	2	<input type="checkbox"/>	<input type="checkbox"/>
How many are 5 gallon handheld test measures? <u>  2  </u>			
How many are “Special J” 5 gallon provers? <u>  3  </u>			
Is/item(s) being submitted an LPG? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

*The above example indicates the company is scheduling 1 mounted 60 gallon prover, 3 mounted Special J Style 5 gallon provers and 2 handheld 5 gallon test measures, all previously certified by TDA and no LPGs.*

**NOTE:** If additional inventory space is needed use RMT-001A Calibration Appointment Request – Schedule A.

## **SECTION D**

### **1. SAFETY INFORMATION**

Indicate if items being submitted for calibration have been exposed to harmful materials. Indicate if the items being submitted for calibration have been properly cleaned and are safe for human handling.

## **SECTION E**

### **1. SPECIAL INSTRUCTIONS**

List any special instructions regarding your items submitted for calibration.

## **SECTION F**

### **1. SHIPPING INFORMATION**

Indicate if the items being submitted for calibration will be shipped in. If yes, ensure that artifacts arrive prior to calibration appointment. Include a return shipping label with shipment.

## **SECTION G**

### **1. MODIFICATION INFORMATION**

In the table, list the serial numbers and a detailed description of any items being submitted for calibration that have been repaired, modified or altered in any way. Be as descriptive as possible.

**NOTE: If additional space is needed, please attach a sheet with the information.**

## **SECTION H**

### **1. SIGNATURE**

Print and sign your name. Enter your title, phone number and date the form. Your signature here indicates that you read the request and attest the information entered into this calibration authorization form is true and correct to the best of your knowledge and is subject to verification by TDA.